RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

To be completed by the City, To	own or County Clerk:	Applicant:							
Date Filed With Clerk:/	1	Trade Name (dba):							
Basic Fee: \$ Add'l Dispensing Room \$	Jal Fee Prorated Fee \$. \$.		Number & Street						
Transfer Fee: \$ Total License Fee \$ Collected Publishing Fee Collected: \$	\$	City	State Zip County Number & Street or P.O. Box						
Publishing Direct Billed: Advertising Dates (2 wks):		City	State Zip						
	1	Business Telephone Number: ()							
LICENSE TERM:/	1	Fax Number: ()							
Month Day	Year	E-Mail Address:							
Through: / Month Day	Year	LICENSING AUTHOR	ITY: Begin publishing promptly. As						
A copy must be immediately forward State of Wyoming Liquor Division 6601 Campstool Rd. Cheyenne WY 82002-0110		W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.							
FILING IN (CHOOSE ONLY ONE)	TYPE OF LICENS (CHOOSE C		To Assist the Liquor Division with scheduling inspections:						
☐ CITY OF	RETAIL LIQUOR LICENS	,	WHEN DO YOU OPERATE?						
☐ COUNTY OF	☐ ON-PREMISE O								
FILING AS (CHOOSE ONLY ONE)	☐ COMBINATION	N/OFF PREMISE							
☐ INDIVIDUAL ☐ LLC ☐ PARTNERSHIP ☐ LLP ☐ CORPORATION ☐ LTD PARTNERSHIP	☐ RESTAURANT LIQUO☐ RESORT LIQUOR LIC	R LICENSE ENSE	☐ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME (specify months of operation)						
LTD PARTNERSHIP ASSOCIATION	LIMITED RETAIL (CLU FRATERNAL CL	ÚB							
ORGANIZATION	☐ VETERANS CLU☐ SOCIAL CLUB	JB	from to						
	☐ GOLF CLUB☐ MICROBREWERY		DAYS OF WEEK (e.g. Mon through Sat)						
	☐ WINERY ☐ DISTILLERY SATELLI ☐ WINERY SATELLITE ☐ COUNTY RETAIL or S BEVERAGE PERMIT		HOURS OF OPERATION (e.g. 10a - 2a)						
Minimum Purchase Requ									
RETAIL LICENSE HOLDERS: Have you purchased \$2,000 in spirits	wines and/or malt heverage	ges during the provious	iconso torm?						
Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL LICENSE HOLDERS: Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO W.S.12-4-103(c)									
 DISPENSING ROOM DESCRIPTION WITH DIMENSIONS: (a) Give a description with dimensions of the dispensing room and state where it is located within the building (e.g. 10 x 12 room in SE corner of building). If the building is not in existence, also provide an architect's drawing or suitable plans of the room and premises to be licensed: W.S. 12-4-102(a)(i) 									
(b) If Winery or Microbrewe bldg.) MFG:	ry , also list the manufactur	ing facility.(e.g. MFG: 10	2' X 12' room in SW portion of						
(c) Do you have an additional	al dispensing room? YE	S NO If yes, prov	ide description and location:						
(d) Provide the legal descript	ion and the zoning of the s	ite where the applicant v	will conduct business:						
2. Have there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES If YES, please submit a drawing of the new dispensing room. ☐ NO									
 (a) Do you anticipate any changes in the next twelve (12) months? ☐ YES If YES, please submit a drawing of the new dispensing room. ☐ NO 									
 BUILDING OWNERSHIP: Doe (1) OWN the building in whice (2) LEASE the building in whice (A) DATE lease expires	th sales room is located? nich sales room is located? located on pa	age paragraph d	☐ YES (own) ☐ YES (lease) of lease document.						
(B) Provision for SALE of alc	coholic or malt beverages loca	ited on pageparagra	ohof lease.						

NOTE: Please submit a copy of the lease with the application. W.S. 12-2-103(a)(iii) requires the lease be valid $\underline{\mathsf{THROUGH}}$ the $\underline{\mathsf{TERM}}$ $\underline{\mathsf{OF}}$ THE LICENSE and $\underline{\mathsf{MUST}}$ contain a provision for $\underline{\mathsf{SALE}}$ OF ALCOHOLIC or MALT BEVERAGES.

	D-28 (1/16)								
4. Restaurant and Bar and Grill Liquor License Holders Only: (a) Gross sales figures and percentages of income derived from: (b) Liquor Sales: (Line 1) Liquor Sales: (Line 2) Food Sales: (Line 3) Gross Sales:								(%) (%)	
	(Line 3) Gross Sales (b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)							(%)	
5.	Microbrewery Lic	ense H	olders Only:				☐ YES ☐ N		
	(a) Did you product W.S.12-1-101(evious license term?							
	(b) Do you self dis	tribute vo	ur products? W.S. 12-2-201/a	Α.			☐ YES ☐ N ☐ YES ☐ N	O	
	(interquires addit	ional licer	nsing with the Liquor Division) wn products through an existing						
e	11101 12 201(97(1) (176	quires additional licensing with	ng mait bevera h the Liquor Di	ge whole: vision)	saler?	☐ YES ☐ N	0	
v.	Social Club Licen	ise Hold	ders Only: statement of your activities du			mized statem	nent of amounts over	andad?	
7.	If the applicant is	filing as	s an Individual or Partn	ershin or a			YES N	O Serial of the	
F	Each indiv	idual or p	artner or officer must complete	e this section.					
The second secon			DONOT LIST PO BOXES Residence Address No. & Street City, State & Zip		Have you been a DOMICILED resident for		or Have you	Have you been	
	True and Correct Name	Date of Birth		Residence	at least	1 year and no	t been	Convicted of a Violation	
				Phone Number	claimed residence in any other state in the last year?		a Felony	Relating to Alcoholic	
-				Number			Violation?	Liquor or Malt Beverages?	
							YES 🗆	YES 🗆	
						NO ☐ YES ☐	NO ☐ YES ☐	NO ☐ YES ☐	
-						NO 🗆	NO 🗆		
						YES 🗌	YES 🗆	NO 🗆 YES 🗆	
Щ	(If more	informa	ition is required, list on a se	parate piece o	fnone	VO [NO 🗆	NO 🗆	
8.	in the applicant is	a Corp	oration, Limited Liabilit	y Company	/, Limite	ed Liabilit	v Partnership o	r limited	
	Each stockh the corpora	nolder hol tion, limit	ding, either jointly or severally	. ton	(400/)				
	director mus	st complet	te this section.			·		emoci, and every	
			PO BOXES				Have you	Have you been Convicted of a	
		Date of	Residence Address No. & Stree		No. of Years in		been Convicted of	Violation Relating to Alcoholic	
	True and Correct Name	Birth	City, State & Zip	Phone Number	Corp or LLC	% of Stock Held	a Felony Violation?	Liquor or Malt	
							YES 🗆	Beverages? YES	
							NO ☐ YES ☐	NO 🗆	
								YES 🗆	
							NO ☐ YES ☐	NO 🗆 YES 🗆	
	(If more in	formation	ic required list	<u> </u>			NO 🗆	№ 🗆	
OAT	(Requires signatures if all the stock of the	s by ALL corporati	n is required, list on a separa Individuals, ALL Partners, ON ion is owned by ONE (1) indiv	NE (4) II O Ma		TIA(O (O) O			
Und	(=) 0.000 0//	.00,0., 11.	0. 12-4-102(b)						
CTA	TE OF MACOUNDS	u ine posi	sible revocation or cancellation	n of the license	e, I swear	the above st	ated facts, are true a	and accurate.	
	TE OF WYOMING)	SS.					Q.		
CO	UNTY OF								
	Before Me,						lor	(f.)	
		(Printe	d name of Notary or other offic	cer authorized	to admini	ster oaths)	, (8)	pecify)	
a Notary Public, Officer authorized to administer oaths in and forCounty, State of Wyoming, personally appeared									
		(1	nsert Names)				name he/she bein	g first duly sworn	
(Se	by i eal)	me upon	his oath, says that the fact						
	Commission expires:								
Witr	ness my hand and officia	l seal:							
				II			ON USE ONLY		
(Notary Public or other officer authorized to administer oaths)				Reviewer Agent:	Initia	ais	Date		
Title				Chief:		70			
Dated: / / Acct.:									
				II.				11	